



10/803,523

IFW

PTO/SB/21 (04-04)

Approval for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	See Schedule A
	Filing Date	See Schedule A
	First Named Inventor	
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	2095-GEN

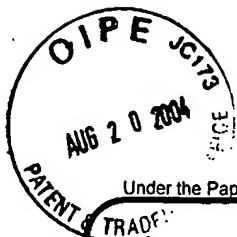
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Request for Withdrawal as Attorney in Triplicate Schedule A
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joseph A. Sebolt
Signature	
Date	8-18-04

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Jodi L. Ruehling		
Signature		Date	8-18-04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	See Schedule A
Filing Date	See Schedule A
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	2095-GEN

**To: Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has requested the files listed in the attached Schedule A be transferred to new Attorney.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:



Customer Number

45069

OR

Firm or  
Individual Name

Fred H. Zollinger, III

Address

6370 Mt. Pleasant Ave. NW

Address

P.O. Box 2368

City

North Canton

State

OH

ZIP

44720

Country

US

Telephone

330-526-0104

Fax

1-866-311-9964



This request is made on behalf of myself and



all the attorneys/agents of record,



the attorneys/agents (with registration numbers) listed on the attached paper(s), or



the attorneys/agents associated with Customer Number

27542

This request is enclosed in triplicate (including any attachments).

Name

Joseph A. Sebolt

Signature

Registration No.

35,352

Date

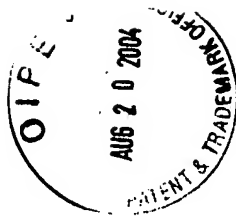
8/18/04

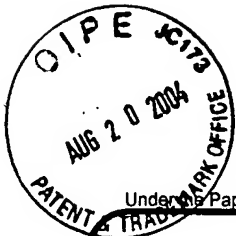
**NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Case Number	Client Name, Client Case No	Application		Title	Count
		Serial Number,	Patent No.		
209501US1AV	Price, James E./ Spree, Richard	60/456,154		SAFETY HOLDERS FOR FIREWORKS	1
209501US2AP	Price, James E. / Spree, Richard	10/803,523		SAFETY HOLDERS FOR FIREWORKS	2





PTO/SB/83 (06-03)

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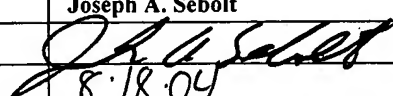
☒ Customer Number 45069

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Fred H. Zollinger, III				
Address	6370 Mt. Pleasant Ave. NW				
Address	P.O. Box 2368				
City	North Canton	State	OH	ZIP	44720
Country	US				
Telephone	330-526-0104	Fax	1-866-311-9964		

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 27542

This request is enclosed in triplicate (including any attachments).

Name	Joseph A. Sebolt		
Signature		Registration No.	35,352
Date	8-18-04		

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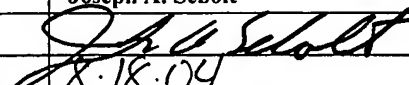
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